PTC/SB/61 (01-06)
Approved for use through 12/31/2008, OMB 0651-0036
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

| Under the Paperwork Raduction Act of 1995, no pareons are rec | ulred to respond to a collection of in | formation unless it displays a valid OMB control number |
|---------------------------------------------------------------|----------------------------------------|---------------------------------------------------------|
| | Application Number | 10/559,200 |
| | Filing Oate | December 7, 2005 |

POWER OF ATTORNEY and **CORRESPONDENCE ADDRESS INDICATION FORM**

| Application Number | 10/559,200 | | | | |
|------------------------|--------------------------------|--|--|--|--|
| Filing Date | December 2, 2005 | | | | |
| First Named Inventor | Pascal Paganon | | | | |
| Title | SURGICAL RING WITH AN IMPROVED | | | | |
| Art Unit | 3677 | | | | |
| Examiner Name | TBA | | | | |
| Attorney Docket Mumber | 148821.00001 | | | | |

| I hereby revoke a | previo | us powers of attorney gi | iven in the ab | ove-id | entified applic | ation. | · · · · · · · · · · · · · · · · · · · | | |
|----------------------------------------------------------|------------------------|------------------------------------------------------------------|------------------------|---------------------------|----------------------|--------------------|---------------------------------------|-------------|--|
| I hereby appoint: | | | | | | | | 7 | |
| Practitioners as | ecciated | with the Customer Number: | | 25 | 207 | | | | |
| OR | • | | · | | | | | i | |
| Practitioner(s) r | amed be | low: | | | | | | | |
| | Name . Re | | | | Regietra | egistration Number | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | - 4 | | | |
| Trademark Office con | or agent(nected th | a) to prosecute the application erawith. | evods beminebi | , and to | transact all Dustr | ess in the U | Inted States Patent and | | |
| Please recognize or el | henne the | correspondence address for | the shows identi | fled anni | leation to | | | | |
| | • | • | | | | | | | |
| OR OR | RESOCIES | ed with the above-mentioned (| Justomer Numbi |)F. | | 7 | | | |
| \Box | | | | | | | | | |
| The address | associal | ted with Customer Number: | | | | ل | | | |
| Firm or individual | Name | Jason A. Bernstein, Powell G | ioldstein LLP | | | | | | |
| Address | | One Atlantic Center, Fourise 1201 West Peachtree Street, | | | , | | | | |
| City | | Atienta | | State | Georgia | | Zip 30309-3488 | | |
| Country | | | | | | | | | |
| Telephone | | (404) 572-8900 | ···· | Email patents@pogolsw.com | | | | ┥. | |
| l am the: Applicant/linv | entor. | | | | | | | | |
| | | the entire interest, See 37 CFF FR 3.73(b) is anolosed. (Form | | | | | | | |
| | | SIGNATURE of | Applicant or A | ssigner | of Record | | , | | |
| Signature | | | | | | Date | 06/03/2007 | | |
| Name |] | Paul RICOL | | | | Telephone | +33 4 74 16 18 18 | | |
| Title and Company | Chief | Executive Office - Compagnio | e Européenne d' | Etude e | t de Recherche d | e Dispositif | 3 pour l'implantation par | r iaparosco | |
| NOTE: Signatures of all ti signature is required, see | | rs or assignees of record of the en | tire interest or their | (spress) | tative(s) are requir | ed. Submit m | ultiple forms if more then one | | |
| *Total of 1 | | forms are submitted. | | | | | | | |

This collection of information is sequired by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the LISPTO to procees) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gethering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the included case. Any comments on the emount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Petent and Trademark Office, U.S. Department of Commence, P.O. Box 1450, Alexandria, VA 22213-1450. DO NOT SEND FIESS OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.